

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5	1		1			
6		1		1		
7						
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	1					
13						
14	1					
15						
16	1					
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21	(1)		1			
22		1		1		
23						
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25		1		1		
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47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			26			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						